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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	08/530,661	
	Filing Date	September 20, 1995	
	First Named Inventor	Keeth et al.	
	Group Art Unit	2814	
	Examiner Name	D. Wille	
		Attorney Docket Number	2269-5990US (95-0424.00/US)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated	<input checked="" type="checkbox"/> Petition for Extension of Time and Check No. 4621 in the amount of \$110.00	<div>RECEIVED JUL 16 2003 TECHNICAL UNIT 2800</div>
<input checked="" type="checkbox"/> Amendment in response to office action dated March 7, 2003	<input type="checkbox"/> Petition	
<input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated	<input type="checkbox"/> Fee Transmittal Form	
<input type="checkbox"/> Additional claims fee - Check No. in the amount of \$	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Transmittal of Formal Drawings	Remarks	
<input type="checkbox"/> Formal Drawings (sheets)	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kevin K. Johanson	Registration No. 38,506
Signature		
Date	July 7, 2003	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rachael M. Harris		
Signature		Date	July 7, 2003

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
2269-5990US



In re Application of Keeth et al.

Application Number 08/530,661

Filed September 20, 1995

For SEMICONDUCTOR MEMORY CIRCUITRY

Group Art Unit
2814

Examiner
D. Wille

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$ 110.00
- ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

- ☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

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July 7, 2003

Date _____


Signature

Signature

Kevin K. Johanson Reg. No. 38,506

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

- ☐ *Total of _____ forms are submitted.

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Typed or printed name: Rachael M. Harris

Signature

Date: July 7, 2003

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